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NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION
OR REVOCATION OF THE LICENSE OF

SCOTT B. ROSENBERG, M.D.
License No. MA57974

TO PRACTICE MEDICINE AND SURGERY
IN THE STATE OF NEW JERSEY

Administrative Action

CONSENT ORDER

This matter was opened to the New Jersey State Board of Medical Examiners (hereinafter, the "Board") upon receipt of a complaint dated August 26, 2003 from a relative of E.M.R.,¹ now deceased, a former patient of Dr. Scott B. Rosenberg. The complaint alleged that Dr. Rosenberg rendered poor care of E.M.R. including inappropriately prescribing Controlled Dangerous Substances ("CDS").

Dr. Rosenberg appeared without counsel and testified under oath about his care and treatment of E.M.R. before a Committee of the Board on June 28, 2006.

¹The patient is referred to by her initials to protect patient confidentiality. The patient's identity is known to Dr. Rosenberg.

CERTIFIED TRUE COPY

Dr. Rosenberg first treated E.M.R. on June 1, 1998. E.M.R. was diagnosed by a prior physician with post-traumatic narcolepsy following a 1995 hospitalization for head trauma. E.M.R. did not report a history of drug abuse, other than tobacco, and Dr. Rosenberg testified that he did not suspect substance abuse at first. Dr. Rosenberg ordered an MRI, which was never done, and refilled E.M.R.'s prescription for Ritalin, which she said had originally been written by a Burlington County physician.

At her next office visit, on June 8, 1998 E.M.R. complained that she was still sleepy on the Ritalin therefore Dr. Rosenberg prescribed dextroamphetamine. No physical exam was charted for this visit and Dr. Rosenberg acknowledged that he may not have kept proper records for this and subsequent visits. Dr. Rosenberg continued to write prescriptions for E.M.R. over the next several months, including on occasions when she indicated her existing pills had been "stolen." Despite learning additional information about E.M.R.'s drug seeking behavior, including that her insurance was paying for stimulant prescriptions from other physicians, Dr. Rosenberg continued to treat and prescribe CDS to E.M.R.

On May 8, 1999, Dr. Rosenberg admitted E.M.R. to the hospital pursuant to what he described as "progressive somnolence and excessive amphetamine and alcohol use." Dr. Rosenberg testified that this was the only time he had admitted a patient for detoxification and he had limited experience in managing detoxifications. Despite this hospital detoxification, and E.M.R.'s other drug seeking behavior, Dr. Rosenberg continued to prescribe CDS to E.M.R. after she left the hospital. Dr. Rosenberg also acknowledged that it was not until E.M.R.'s hospitalization in May 1999 that he contacted the psychiatrist who was treating her bi-polar disorder.

Dr. Rosenberg could also not explain why comparison of pharmacy records with this patient's chart shows that many of his CDS prescriptions were not charted. Dr. Rosenberg's did acknowledge that E.M.R. often approached him at the hospital or his office for refills and thus prescriptions written on these occasions might not have been charted.

Dr. Rosenberg continued E.M.R. on Ritalin and/or dextroamphetamines through June 2001, when he discharged her from his practice. He indicated that he did so because of her escalating drug-seeking behavior. E.M.R. died of a cocaine overdose in August 2003.

The Board finds that Dr. Rosenberg deviated from the accepted standards of medical care during the course of treating this patient in that: (1) he failed to recognize and address E.M.R.'s drug seeking behavior and, in fact, continued to prescribe CDS to E.M.R. despite clear signs of CDS abuse; (2) he failed to keep accurate medical records regarding his treatment of E.M.R., including but not limited to documentation of prescriptions written; and (3) he did not properly coordinate his care of, and prescribing to, E.M.R. with the physician treating her bi-polar disorder.

Dr. Rosenberg's conduct described above constitutes repeated acts of negligence in violation of N.J.S.A. 45:1-21(d). Dr. Rosenberg, being desirous of resolving this matter without further formal proceedings, and the Board finding the within resolution adequately protective of the public health, safety and welfare, for the reasons expressed herein and other good cause having been shown,

IT IS on this 28 day of February, 2007,

ORDERED:

1. Dr. Rosenberg is hereby reprimanded for the conduct described herein;
2. Within six (6) months of the entry of this Order, Dr. Rosenberg, at his own expense, shall attend and satisfactorily complete a Board approved CDS prescribing course, medial ethics

course and patient record keeping course, Proof of successful completion of these courses shall be forwarded to William Roeder, Executive Director, New Jersey State Board of Medical Examiners, 140 East Front Street, P.O. Box 183, Trenton, New Jersey 08625-0183;

3. Dr. Rosenberg shall pay costs related to the investigation of this matter in the amount of \$6,958.86, and a penalty in the amount of \$5,000, pursuant to N.J.S.A. 45:1-25. The total amount due, \$11,958.86, shall be paid to the Board within 10 days of Dr. Rosenberg's receipt of a filed copy of the within Order. Said payment shall be made payable to the Treasurer, State of New Jersey and forwarded to William Roeder, Executive Director, New Jersey State Board of Medical Examiners, 140 East Front Street, P.O. Box 183, Trenton, New Jersey 08625-0183. The Board reserves the right to file a Certificate of Debt in the event payment is not submitted within ten (10) days of Dr. Rosenberg's receipt of a filed copy of this Order;

4. Dr. Rosenberg shall comply with the "Directives" attached hereto as Exhibit A which are incorporated herein by reference.

NEW JERSEY STATE BOARD OF
MEDICAL EXAMINERS

By: Sindy Paul, MD
Sindy Paul, M.D., President

I have read and understood the within Order and agree to be bound by its contents. I understand that this is a legal document which may have serious effect upon my legal rights and have decided to proceed with the resolution of this matter absent retained counsel.

Scott B. Rosenberg, MD
Scott B. Rosenberg, M.D.
Pro Se

Dated: 2/28/07

EXHIBIT A

DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE HAS BEEN ACCEPTED

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the Addendum to these Directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee

may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.) A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the

former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.